

DMQ - PHARMACY REVIEW GUIDELINES

***** Please be sure to resolve all cases within ADC (when possible) prior to making any manual adjustments in Distrack (when needed).*****

DAILIES

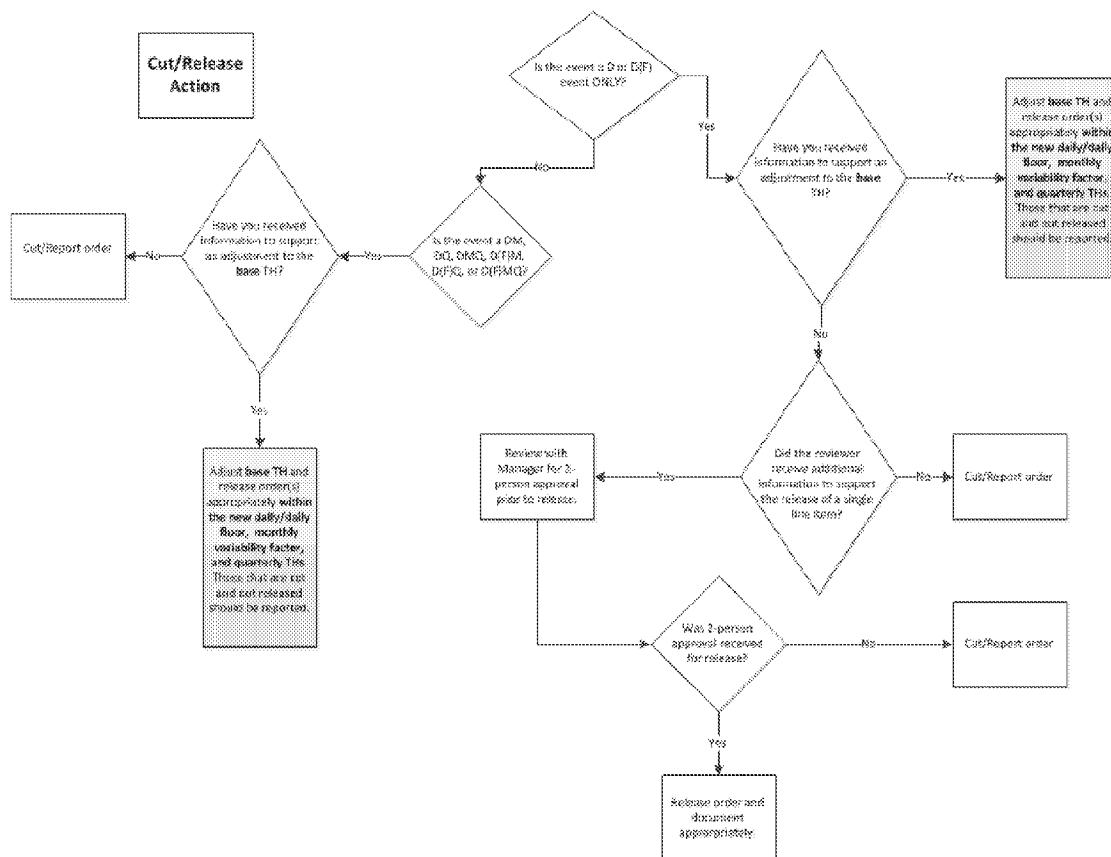
- The following outline applies to both base and sub base code daily held orders:
 - Any cut order for which a daily **OR** daily floor threshold limit is exceeded (examples, below) must be reported to the DEA.
 - Scenarios in which a daily **OR** daily floor threshold limit is exceeded and, when cut, must be reported include:
 - D
 - DM
 - DQ
 - DMQ
 - D(F)
 - D(F)M
 - D(F)Q
 - D(F)MQ
 - If additional information is supplied by the field that the reviewer feels warrants the release of a single line item daily **OR** daily floor held order, the reviewer may release the order if the following requirements are met:
 - The held order must be **ONLY** a “D” or “D(F)” event with no additional limits exceeded (e.g. a “DMQ” event cannot be released)
 - **The release requires 2-person approval**
 - If 2-person approval is received, document in ADC the following:
 - Reasoning and 2-person approval received
 - Example: “End of life patient need. 2-person approved.”
 - If additional information is supplied by the field that the reviewer feels warrants an adjustment to the base threshold limit, thereby automatically adjusting the daily threshold limit, the reviewer must confirm that the accrual for the held order is within the new daily, monthly variability factor, and quarterly threshold limits before releasing.
 - Utilize the daily accrual on the Customer Cases tab (not the Order Processing Screen) within ADC to determine whether the accrual is within the new daily threshold limit. The below new Distrack screen should be used to aid in this review/confirmation of the order(s) being within the new daily, monthly variability factor, and quarterly threshold limits (you may also need to use the normal F10 function in Dublin6 to confirm the daily order amount).



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OLR035 DTKDEVMB04	Threshold and Accrual Inquiry			6/20/17 10:15:03
DEA Number: AB0881006	Customer Name: BAYLOR UNIVERSITY HEALTH CTR	Division: 16	Accrual Cycle: 15	
Drug Class: 1100	Sub-Class:	DMQ Override:	Otr Range: May 15 - Aug 14	
Base Threshold: 6000	Floor:	500		
Daily	Accruals 0	Thresholds 300	Exceeded	
Monthly	8200	6000	X	
Quarterly	8300	18000		
 F3=Chg Qrtly Accrual F12=Return Quarterly Accrual updated Successfully				

- An audit of all cut daily held orders will be conducted to ensure each has been reported to the DEA as required.



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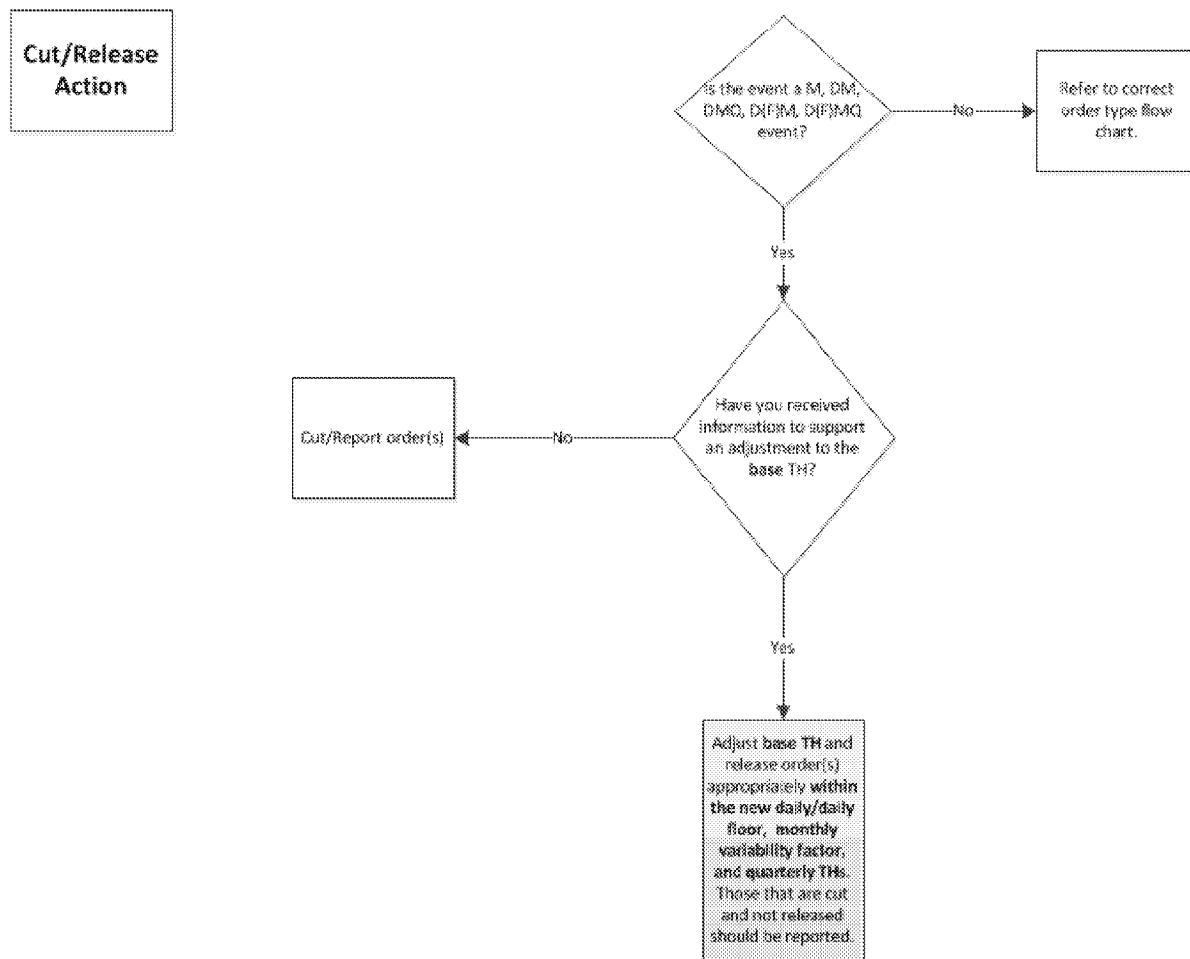
MONTHLY VARIABILITY FACTOR

- The following outline applies to both base and sub base code monthly variability factor held orders:
 - All monthly variability factor limit held orders must be cut and reported, if no additional information is received to warrant an adjustment to the base threshold limit and release of orders within the new monthly variability factor limit.
 - Scenarios in which a monthly variability factor threshold limit is exceeded include:
 - M
 - DM
 - DMQ
 - D(F)M
 - D(F)MQ
- If additional information is supplied by the field that the reviewer feels warrants an adjustment to the base threshold limit, thereby automatically adjusting the monthly variability factor threshold limit, the reviewer must confirm that the accrual for the held order is within the new daily, monthly variability factor, and quarterly threshold limits before releasing.
 - Utilize the monthly variability factor limit accrual on the Customer Cases tab (not the Order Processing Screen) within ADC to determine whether the accrual is within the new monthly variability factor threshold limit. The below new Distrack screen should be used to aid in this review/confirmation of the order(s) being within the new daily, monthly variability factor, and quarterly threshold limits (you may need to use the normal F10 function in Dublin6 to confirm the daily order amount).

Threshold and Accrual Inquiry				6/20/17
				10:15:03
DER Number:	AB0881006	Customer Name:	BAYLOR UNIVERSITY HEALTH CTR	
Division:	16	Accrual Cycle:	15	
Drug Class:	1100	Sub-Class:		
DMQ Override:		Qtr Range:	May 15 - Aug 14	
Base Threshold:	6000	Floor:	500	
Daily	Accruals 0	Thresholds 300	Exceeded	
Monthly	8200	6000	X	
Quarterly	8300	18000		
F5=Chg Qrtly Accrual F12=Return Quarterly Accrual updated Successfully				

- An audit of all cut monthly variability factor limit held orders will be conducted to ensure each has been reported to the DEA as required.

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QUARTERLY

- The following outline applies to both base and sub base code quarterly held orders:
 - All quarterly limit held orders must be cut and reported, if no additional information is received to warrant an adjustment to the base threshold limit and release of orders within the new quarterly limit.
 - Scenarios in which a quarterly threshold limit is exceeded include:
 - Q
 - DQ
 - MQ
 - DMQ
 - D(F)Q
 - D(F)MQ
 - If additional information is supplied by the field that the reviewer feels warrants an adjustment to the base threshold limit, thereby automatically adjusting the quarterly

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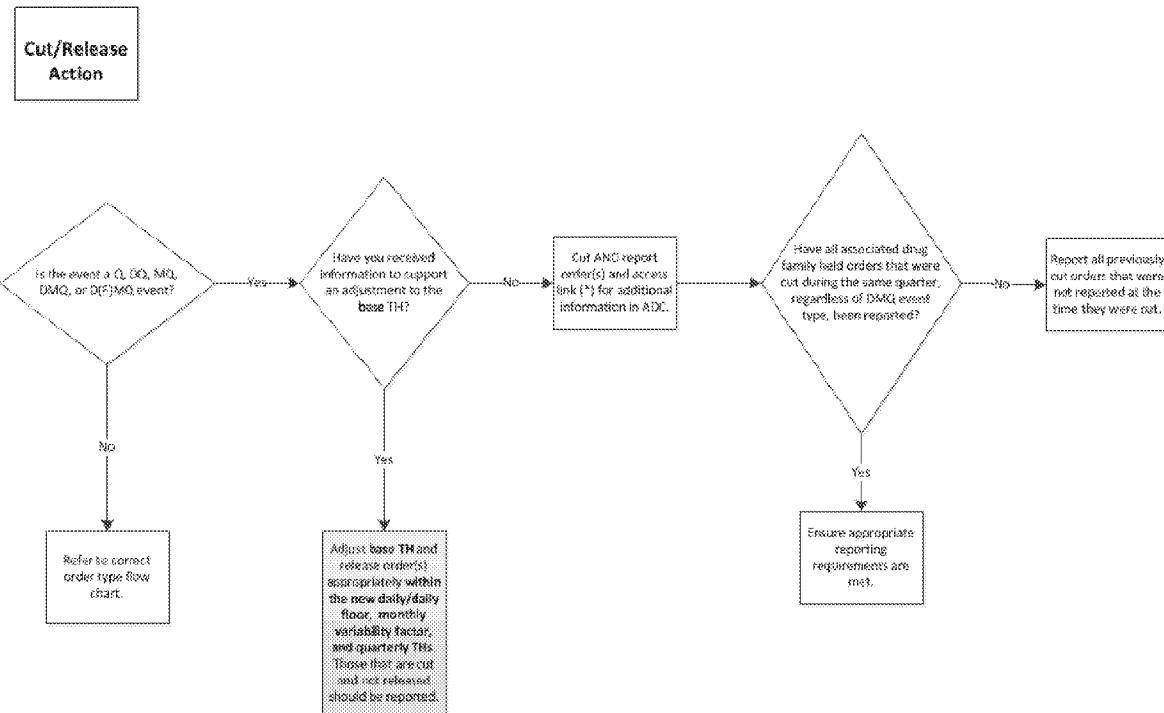
threshold limit, the reviewer must confirm that the accrual for the held order is within the new quarterly threshold limit before releasing.

- Utilize the quarterly limit accrual on the Customer Cases tab (not the Order Processing Screen) within ADC to determine whether the accrual is within the new quarterly threshold limit. The below new Distrack screen should be used to aid in this review/confirmation of the order(s) being within the new daily, monthly variability factor, and quarterly threshold limits (you may need to use the normal F10 function in Dublin6 to confirm the daily order amount).

Threshold and Accrual Inquiry				6/20/17 10:15:03
DLR035				
DTKDEVMB04				
DEA Number:	AB0681006	Customer Name:	BAYLOR UNIVERSITY HEALTH CTR	
Division:	18	Accrual Cycle:	15	
Drug Class:	1100	Sub-Class:		
DMQ Override:		Qtr Range:	May 15 - Aug 14	
Base Threshold:	6000	Floor:	500	
Daily	Accruals 0	Thresholds 300	Exceeded	
Monthly	8200	6000	X	
Quarterly	8300	18000		
 F3=Chg Qrtly Accrual F12=Return Quarterly Accrual updated Successfully				

- A monthly audit of all cut quarterly threshold limit held orders will be conducted to ensure each has been reported to the DEA as required.

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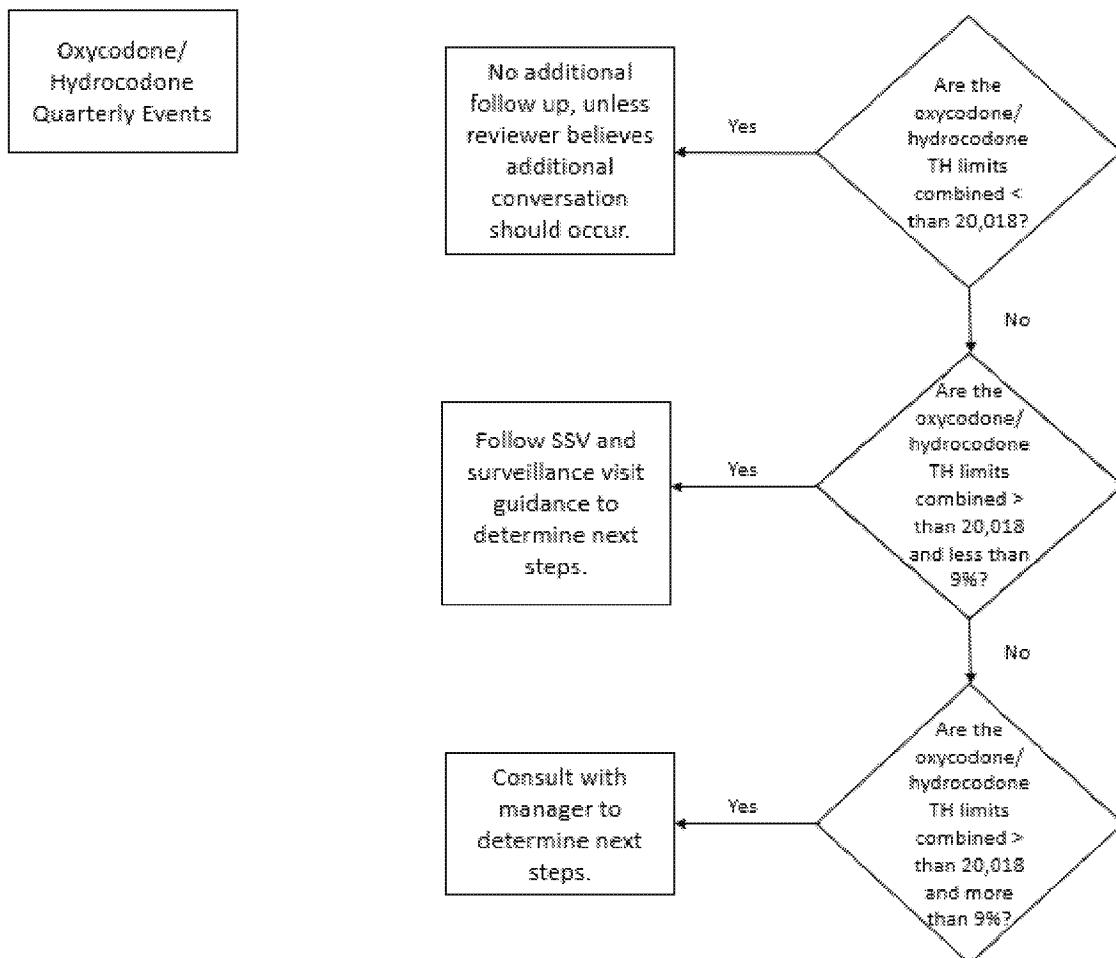
QUARTERLY (CONT'D)

- If additional information is NOT supplied by the field and the quarterly event order is cut and reported, utilize the base threshold limit to determine next steps:

Oxycodone/Hydrocodone Quarterly Events

- If the oxycodone and hydrocodone threshold limits combined are **less than 20,018**:
 - No additional follow up, unless reviewer believes additional conversation should be had regarding the customer.
- If the oxycodone and hydrocodone threshold limits combined are **more than 20,018**, but **within 9%**:
 - For retail independent pharmacies, determine if a recent (within last 90 days) sales site visit is on file. If not, request and ensure completion within 5 business days.
 - Retail Chain pharmacies will be captured in the ABC process managed by the Investigations team.
- If the oxycodone and hydrocodone threshold limits combined are **more than 20,018 AND greater than 9%**:
 - Consult with manager to determine next steps.

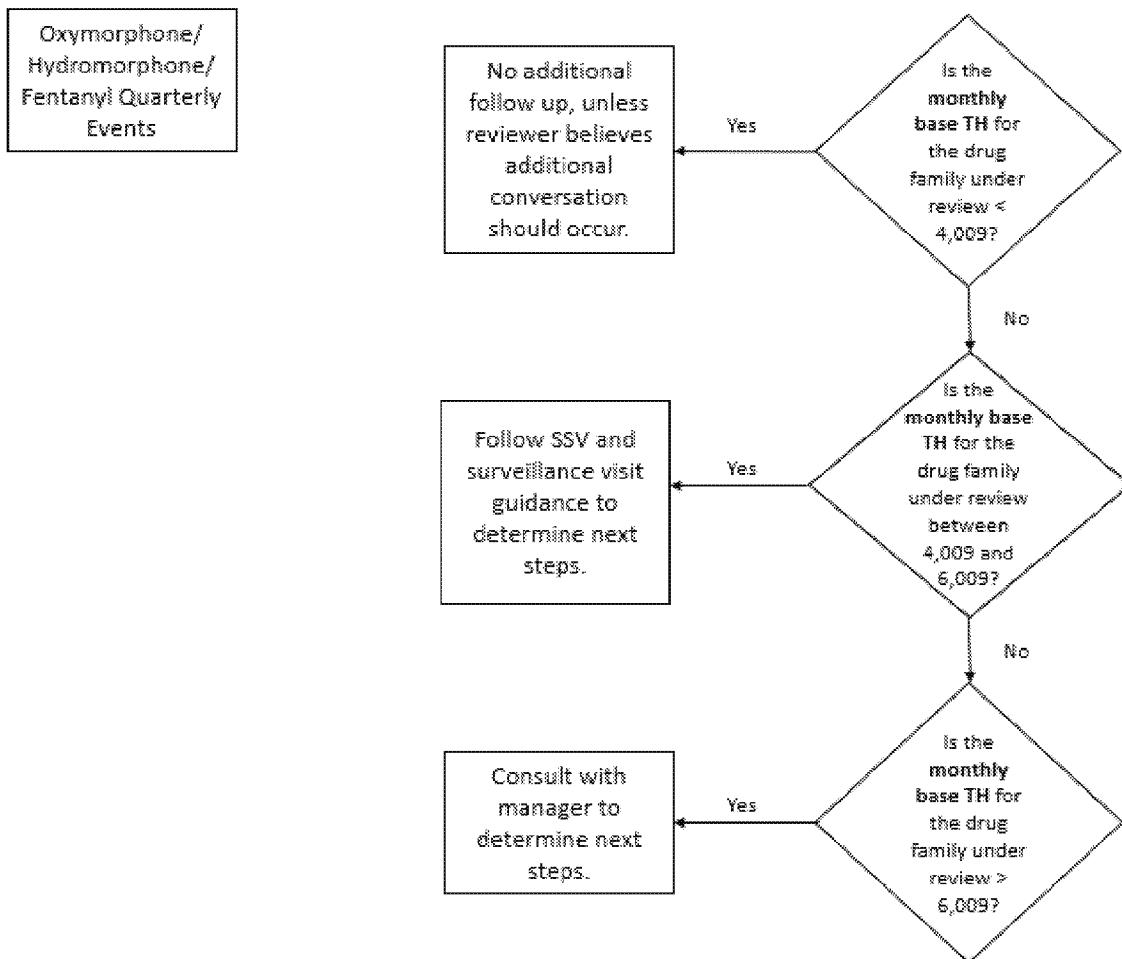
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Oxymorphone/Hydromorphone/Fentanyl Quarterly Events

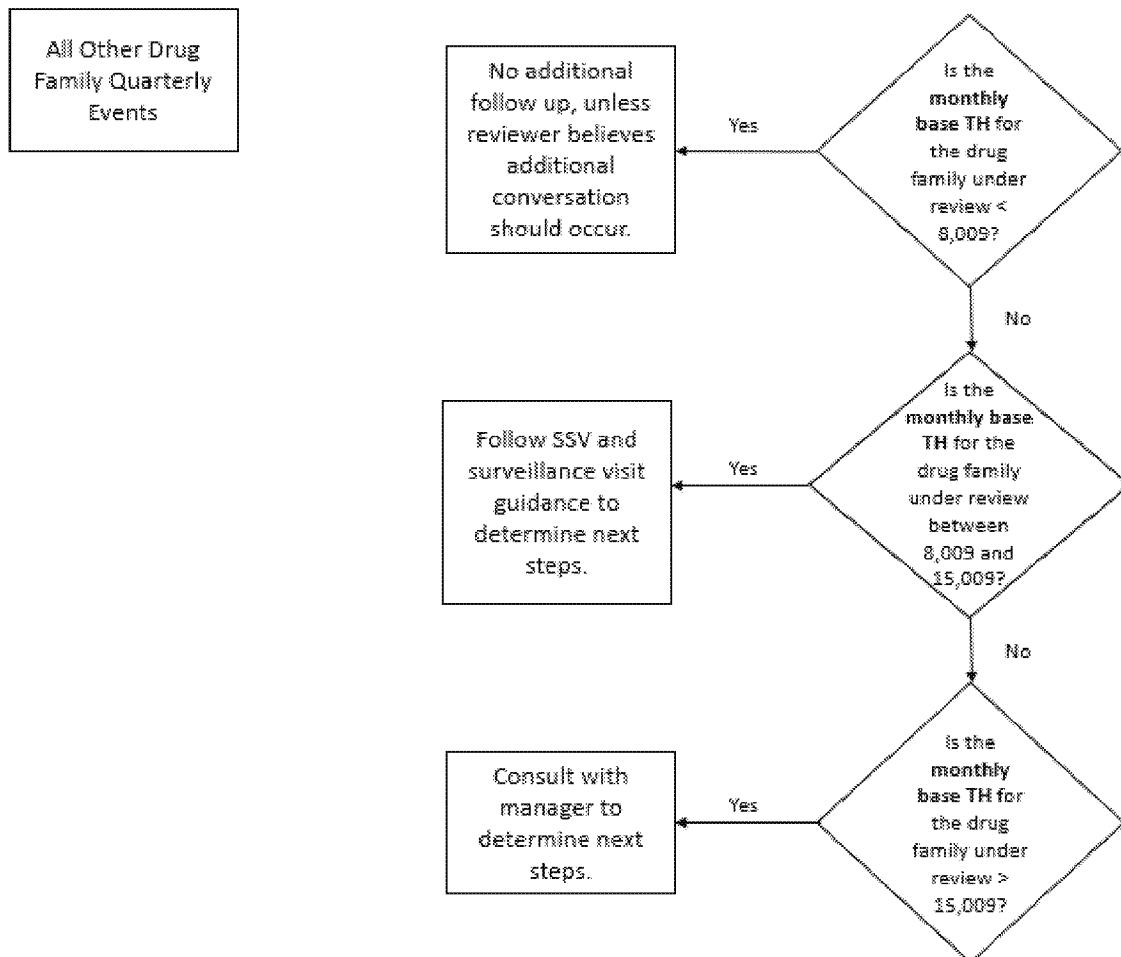
- If the drug family base threshold limit is **less than 4,009**:
 - No additional follow up, unless reviewer believes additional conversation should be had regarding the customer.
- If the drug family base threshold limit is **between 4,009 and 6,009**:
 - For retail independent pharmacies, determine if a recent (within last 90 days) sales site visit is on file. If not, request and ensure completion within 5 business days.
 - Retail Chain pharmacies will be captured in the ABC process managed by the Investigations team.
- If the drug family base threshold limit is **more than 6,009**:
 - Consult with manager to determine next steps.

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All Other Drug Family Quarterly Events

- If the drug family base threshold limit is **less than 8,009**:
 - No additional follow up, unless reviewer believes additional conversation should be had regarding the customer.
- If the drug family base threshold limit is **between 8,009 and 15,009**:
 - For retail independent pharmacies, determine if a recent (within last 90 days) sales site visit is on file. If not, request and ensure completion within 5 business days.
 - Retail Chain pharmacies will be captured in the ABC process managed by the Investigations team.
- If the drug family base threshold limit is **more than 15,009**:
 - Consult with manager to determine next steps.



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Held Order Due Diligence Steps:

- For ANY type of held order, the reviewer must ensure that the customer's profile, due diligence, and all threshold limits have been reviewed and the findings captured in a memo (see below) within the last year.
 - For any a customer that the reviewer finds no recent memo within the due diligence file (whether ABC, LVTAC, etc.), the reviewer must follow the below steps:
 - Complete a "DMQ Customer Review Memo," including:
 - All relevant threshold adjustments
 - If a drug family threshold limit is adjusted down to baseline, no need to include in the memo.
 - All relevant and recently confirmed business model information
 - If information is in the file that was documented more than a year prior to your review, stating that the pharmacy services 5 nursing homes, please reach out to confirm this prior to including that information the memo. However, this is relevant and should be included in the memo after confirmation.
 - Any other location, purchasing, etc. information that is relevant to understanding the business and or purchasing trends of a pharmacy.
 - Place completed memo in your specific folder within the "DMQ" folder on the i-drive.
 - These memos will be loaded and all completed actions will be communicated to the drafter of the memo, just as today's ABC memo process!
- While drafting a customer review memo is the general guideline to be followed, there may be instances where it does not make sense to complete and load a new memo, including but not limited to the below:
 - New customers that have recently been reviewed and approved by the NAS team and set business segment/model-specific threshold limits
 - A new customer is defined as one with a KYC loaded into the customer file within the last 3-4 months.

Memo	
<p>Customer Profile</p> <p>Date: _____ To: _____ From: _____ Subject: _____ File Reference: _____</p> <p>Business Segment/Profile</p> <ul style="list-style-type: none"> ✓ Drug Families of Interest/Excluded <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 01 Drug Services <input checked="" type="checkbox"/> 02 Drug Services - Pharmacy <input checked="" type="checkbox"/> 03 Drug Services - Retail <input checked="" type="checkbox"/> 04 Drug Services - Specialty <input checked="" type="checkbox"/> 05 Drug Services - Hospital <input checked="" type="checkbox"/> 06 Drug Services - Other ✓ Specialty/Pharmacy/Other Business <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 01 Specialty <input checked="" type="checkbox"/> 02 Specialty - Pharmacy <input checked="" type="checkbox"/> 03 Specialty - Retail <input checked="" type="checkbox"/> 04 Specialty - Hospital <input checked="" type="checkbox"/> 05 Specialty - Other 	<ul style="list-style-type: none"> ✓ Standard Pharmacy Thresholds <ul style="list-style-type: none"> No drug families given, retain current threshold limit or below ✓ Exclude all drug services ✓ Non-exempted including all PBM services, Pharmacy, and distributor <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 01 PBM Services <input checked="" type="checkbox"/> 02 Pharmacy <input checked="" type="checkbox"/> 03 Distributor or PBM <p>Address 1: Standard/Non-Exempted</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 01 Concentration (0.000) <input checked="" type="checkbox"/> 02 High Concentration <input checked="" type="checkbox"/> 03 Moderate <input checked="" type="checkbox"/> 04 Low Drug Family of Exempted <input checked="" type="checkbox"/> 05 Other Drug Family of Exempted <input checked="" type="checkbox"/> 06 Other Drug Family of Non-Exempted <p>Address 2: Standard/Non-Exempted</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 01 Concentration (0.000) <input checked="" type="checkbox"/> 02 High Concentration <input checked="" type="checkbox"/> 03 Moderate <input checked="" type="checkbox"/> 04 Low Drug Family of Exempted <input checked="" type="checkbox"/> 05 Other Drug Family of Exempted <input checked="" type="checkbox"/> 06 Other Drug Family of Non-Exempted

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- Additionally, for any drug family for which a held order occurs that the reviewer has not recently (within the last quarter) reached out for updated dispensing information, the reviewer should request from the field the outlined template of information for review.
 - When the information is received by the reviewer, one of several steps may be taken:
 - The communicated dispensing and anticipated purchasing volume is within methodology and makes sense based on the totality of the circumstances and business model - the base threshold limit may be adjusted with the appropriate documentation.
 - The communicated dispensing and anticipated purchasing volume is outside of methodology, but makes sense based on the totality of the circumstances and business model – the information may be reviewed by senior leadership for any appropriate base threshold limit adjustments.
 - The communicated dispensing and anticipated purchasing volume is inside/outside of methodology, makes sense based on the totality of the circumstances and business, and falls within zone A – the information may be reviewed by LVTAC for any appropriate base threshold limit adjustments.
 - The communicated dispensing and anticipated purchasing volume is within methodology, but does not make sense based on the totality of the circumstances and business model – no adjustment to base threshold limit will occur.
 - The communicated dispensing and anticipated purchasing volume is outside of methodology and does not make sense based on totality of the circumstances and business model – no adjustment to the base threshold limit will occur.
 - While requesting information the general guideline to be followed, there may be instances where it does not make sense to request dispensing and other information for review, including but not limited to the below:
 - The customer is set with secondary Cardinal Health/Kinray customer threshold limits (502/1002) for the DC out of which the held order occurred.
 - The customer is set with 3S template threshold limits (ending in 7).
 - It appears that the customer's base threshold limit is set appropriate based on purchase history:
 - Example:
 - A customer experiences a daily held order for tramadol (daily limit is 5,000 and base threshold limit is 10,000). Upon review of customer purchase history, it appears the customer averages ~5,000-6,000 dosage units of tramadol purchased per month. If proactive communication from the field regarding business model/purchasing changes did not occur, the takeaway by the reviewer may be that the base threshold limit is set appropriately and no additional information may be requested.
 - New customers (those with a KYC loaded into the customer file within the last 3-4 months) experiencing held orders for drug families for which dispensing information was included in the KYC (will depend based on business

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segment/model) and then utilized to set initial threshold limits (i.e. oxycodone for a retail independent pharmacy).

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Additional Notes:**DMQ OVERRIDE**

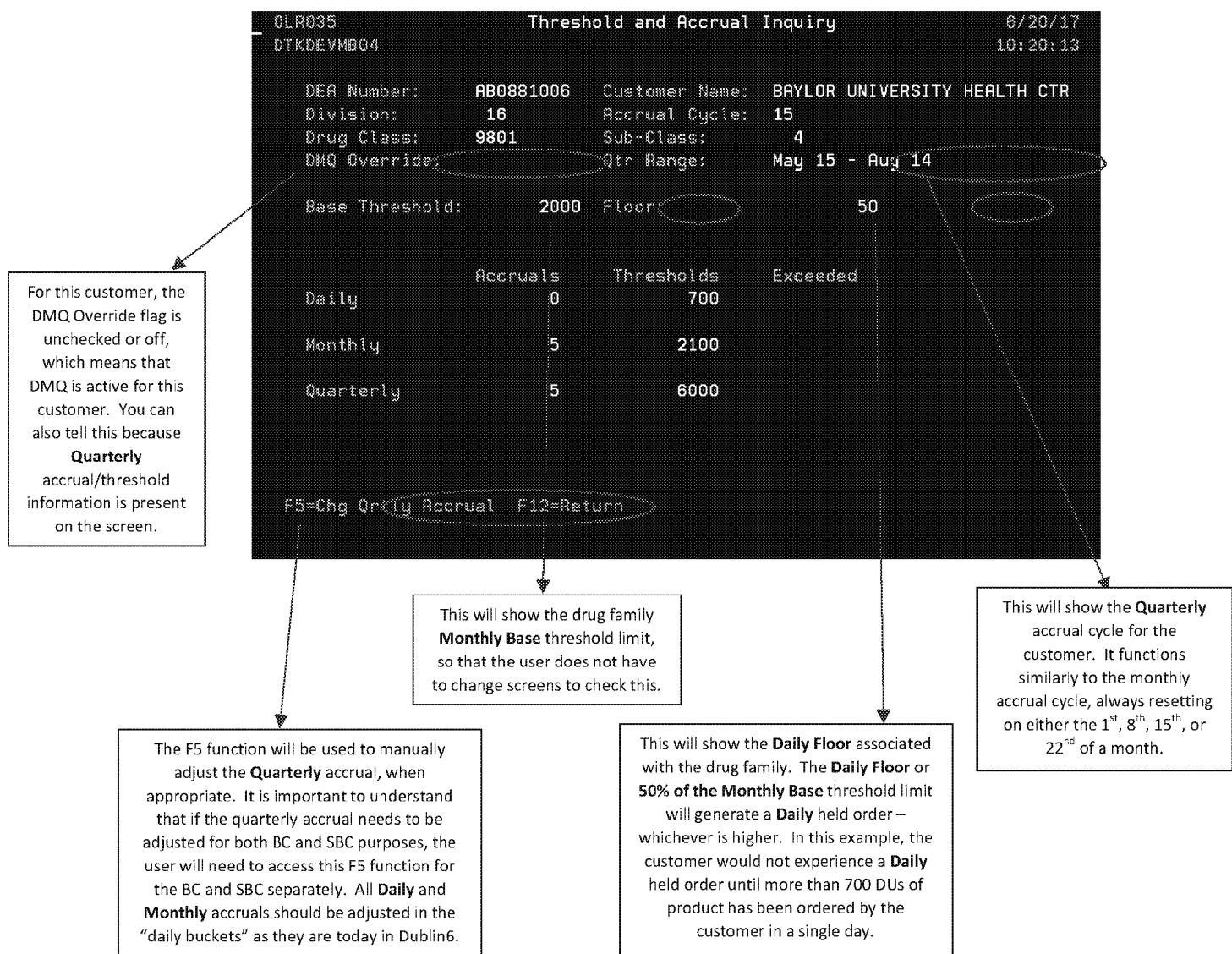
- A DMQ Override option is available for those customers for which it is determined DMQ (in its entirety) should not be in effect.
 - When the DMQ Override flag is **ON (“Y”)**, the customer’s DMQ threshold limits will be set as follows:
 - **Daily** – the customer’s daily threshold limit will remain in place as the previously specified percentage/floor.
 - **Monthly Variability Factor** – the customer’s monthly variability factor threshold limit will be automatically reverted to the **Monthly Base** threshold limit and it will function just as it does under today’s system.
 - **Quarterly** – the customer’s quarterly threshold limit will be turned “off.”
- In Distrack, you will see the below representation of a customer who’s DMQ Override flag has been turned **ON (“Y”)**, meaning threshold limits will be adjusted as outlined above. You will also find that the Quarterly accrual/threshold information is no longer present on the screen, indicating DMQ is no longer active for this customer.

OLR035	Threshold and Accrual Inquiry			6/20/17
DTKDEVNB04				10:21:22
DEA Number:	FC2166797	Customer Name:	CARRUS REHABILITATION HOSPITAL	
Division:	16	Accrual Cycle:	01	
Drug Class:	1100	Sub-Class:		
DMQ Override:	Y	Qtr Range:	Apr 01 - Jun 30	
Base Threshold:	6000	Floor:	500	
	Accruals	Thresholds	Exceeded	
Daily	0	300		
Monthly	0	6000		
Quarterly				
F5=Chg Qrtly Accrual F12=Return				

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How to Read and Use the New Distrack Screen

- A new Distrack screen has been built for two main purposes:
 - For the Anti-Diversion team to be able to understand where a customer falls, based on current ordering, with respect to the new **Daily, Monthly Variability Factor, and Quarterly threshold limits**.
 - This will aid in the decision-making process for the potential release of orders.
 - This will also aid in the communication process with the field to answer any questions posed regarding specific customers.
 - For the Anti-Diversion team to adjust **Quarterly** accruals, when appropriate.
 - Both the **Daily** and **Monthly Variability Factor** accruals will be adjusted under the current process within Dublin6.



Returns

- In the case of a communicated customer return for product that was both purchased and returned within the same accrual period:
 - Confirm that the MRA-outlined product was received at the DC and/or a credit was issued.
 - It is important to confirm that the entire quantity indicated on the MRA was actually received by the DC for credit.
 - No adjustments to accruals will occur prior to confirmation of receipt by the DC and/or issue of credit.
 - After confirmation of product received, adjust monthly AND quarterly drug family (SBC, if applicable, based on returned product) accruals within Distrack.
 - The monthly accrual can be adjusted by using the existing “2 = Edit” option.
 - The quarterly accrual must be adjusted by using the new “6 = Inquiry” option.
 - Document the accrual adjustments in Distrack with the note, “Accrual adjusted due to returns.”
- Due to this change in process, no end of accrual period/quarter reminders need to be placed on calendars for additional follow up/action.

Theft/Loss (DEA 106)

- In the case of a communicated customer theft/loss though the provision of a completed DEA Form 106:
 - Total up quantities of theft/loss by drug family.
 - Review current threshold limits vs. historical purchasing to understand if any adjustments to accrual need to occur to support replenishment of stolen product.
 - After determination of any appropriate and needed adjustments, adjust monthly AND quarterly drug family (SBC, if applicable, based on reported stolen product) accruals within Distrack.
 - The monthly accrual can be adjusted by using the existing “2-Edit” option.
 - **If upon review, not enough dosage units have accrued in order to make necessary and complete drug family accrual adjustments in consideration of the theft/loss, set a reminder on the calendar to re-review to make needed adjustments.**
 - The quarterly accrual must be adjusted by using the new “6 = Inquiry” option.
 - **If upon review, not enough dosage units have accrued in order to make necessary and complete drug family accrual adjustments in consideration of the theft/loss, set a reminder on the calendar to re-review to make needed adjustments.**
 - When accrual adjustments are made, document the accrual adjustments in Distrack with the note, “Accrual adjusted due to theft/loss.”
- Due to this change in process, no end of accrual period/quarter reminders need to be placed on calendars for additional follow up/action.

Bill/re-Bill only

- A member of the Distribution Center will reach out should a held order occur based on the DC rekeying a previously invoiced/shipped order as bill/re-bill only.
 - If this happens, confirm with the DC, that no additional product will be shipped and that the order is for bill/re-bill purposes only.
 - Once confirmed, release the order in ADC with comments that say: "Bill only. No additional product will be shipped OR "Re-Bill only. No additional product will be shipped".

Reporting

- Two reports will be run regularly to ensure appropriate information collection and follow up, which may vary dependent upon customer review:
 - A report will be run regularly to identify those customers with held order patterns that fall into the outlined "Consecutive/Period" logic.
 - A report will be run regularly to identify those customers with quarterly held orders.

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Appendix

Table 1: Quarterly Events guidance

Oxycodone/Hydrocodone Quarterly Events

Combined OH Threshold Limits AND Percentage	Action Retail Independent
< 20,018	
> 20,018 AND < 9%	Sales Site Visit (last 90 days)
> 20,018 AND > 9%	Consult

Oxymorphone/Hydromorphone/Fentanyl Quarterly Events

Oxymorphone/Hydromorphone/Fentanyl Threshold Limits	Action Retail Independent
< 4,009	
Between 4,009 and 6,009	Sales Site Visit (last 90 days)
> 6,009	Consult

All Other Drug Family Quarterly Events

All Other Drug Family Threshold Limits	Action Retail Independent
< 8,009	
Between 8,009 and 15,009	Sales Site Visit (last 90 days)
> 15,009	Consult

Table 2: Quarterly Reset Dates

Reset Date	"First" Operator	"Second" Operator	"Third" Operator	"Fourth" Operator
1	Jan 1st - Mar 31st	Apr 1st - Jun 30th	Jul 1st - Sep 30th	Oct 1st - Dec 31st
8	Feb 8th - May 7th	May 8th - Aug 7th	Aug 8th - Nov 7th	Nov 8th - Feb 7th
15	Feb 15th - May 14th	May 15th - Aug 14th	Aug 15th - Nov 14th	Nov 15th - Feb 14th
22	Mar 22nd - Jun 21st	Jun 22nd - Sep 21st	Sep 22nd - Dec 21st	Dec 22nd - Mar 21st

Table 3: Retail Independent Site Visit Guidance for Oxycodone/Hydrocodone

OH volume	OH Trx%
>20k O or H	
>30k O/H combined	
>20k O/H combined	>9%

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Table 4: Retail Independent Site Visit Guidance for remaining Top 15 drug families

Base Code	Drug Family	Volume
1100	Amphetamine Sulfate	>12k
1724	Methylphenidate	>8k
2737	Clonazepam	>15k
2783	Zolpidem	>10k
2882	Alprazolam	>20k
5000	Carisoprodol	>14k
9150	Hydromorphone	>6k
9250	Methadone	>8k
9300	Morphine	>6k
9652	Oxymorphone	>3k
9801	Fentanyl	>4k
5001	Tramadol	>25k AND OHT>9%
9064	Buprenorphine	>10k

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Table 5: Threshold Formula Summary

Base Code	Drug Family	Formula	TDS
1100	Amphetamine Sulfate	10,000	6,000
1724	Methylphenidate	8,000	4,000
2737	Clonazepam	(Scripts * .38) + 5,500	5,000
2783	Zolpidem	(Scripts * .25) + 4,000	3,700
2882	Alprazolam	(Scripts * .83) + 8,000	5,000
5000	Carisoprodol	8,000	4,000
9143	Oxycodone	(Scripts * 1.3) + 17,000	6,000
9150	Hydromorphone	6,000	3,000
9193	Hydrocodone	(Scripts * 1.5) + 18,000	6,000
9250	Methadone	(Scripts * .2) + 6,600	5,000
9300	Morphine	(Scripts * .23) + 4,600	4,000
9652	Oxymorphone	6,000	1,600
9801	Fentanyl	2,000	1,000
5001	Tramadol	25,000 / OHT ≥ 9%	10,000
9064	Buprenorphine	Patient Ct x 93	4,000

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Table 6: Accrual Reset Dates

Accrual Reset Dates

	1	8	15	22
Retail Chain	CVS East Delhaize Drug Emporium Fred's Fruth Hi-School SEG Ahold	Kmart Safeway HomeTown	CVS Central CVS West	Balls Food DDM Kroger Lewis Drug Pharmacare Ritzman Rosauers Walgreens
Retail Independent	Denver - 29 Houston - 28 Hudson - 24 Kinray - 64 Salt Lake City - 35 St. Louis - 18	Auburn - 37 Dallas - 16 Kansas City - 27 Lakeland - 11 Swedesboro - 43 Syracuse - 3	Boston - 6 Knoxville - 9 Sacramento - 34	Aurora - 15 Greensboro - 26 Jackson - 10 Phoenix - 19 Valencia - 32 Wheeling - 8
Non-retail Chain	Aids Healthcare Foundation (AHF) Genoa/QOL Optum Pharmerica		Alixa Consonus Enclara Partners Pharmcare Pharmscript Uvanta	Prime Therapeutics Welldyne
Other		Hospital/Clinic Institutional Retail State Government	Community Health Centers Long-Term Care Managed Care	All Other

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Table 7: Distribution Center Assignments/Responsibility

DC	Name	Reset Date	DTK Box	Name	Analyst
8	Boston	15	CAHDTK03	BCS	Allisen Morgan
18	St Louis	1	DUBUNG	STL	Allisen Morgan
25	Greensboro	22	CAHDTK03	WSL	Allisen Morgan
27	Kansas City	8	DUBUNG	KNS	Allisen Morgan
28	Houston	1	CAHDTK02	HTN	Allisen Morgan
32	Valencia	22	CAHDTK04	VLN	Allisen Morgan
34	Sacramento	15	CAHDTK02	SAC	Allisen Morgan
37	Seattle	8	CAHDTK03	AUE	Allisen Morgan
43	Swedesboro	8	CAHDTK04	NJB	Allisen Morgan
3	Syracuse	8	CAHDTK03	SYR	Dominic Palumbo
9	Knoxville	15	CAHDTK02	KNX	Dominic Palumbo
10	Jackson	22	CAHDTK02	JAC	Dominic Palumbo
11	Lakeland	1	CAHDTK02	LAK	Dominic Palumbo
16	Dallas	8	CAHDTK02	WCO	Dominic Palumbo
24	Hudson	1	DUBUNG	HDS	Dominic Palumbo
8	Wheeling	22	DUBUNG	WHG	Laura Shinkle
15	Aurora	22	DUBUNG	MWD	Laura Shinkle
19	Phoenix	22	CAHDTK04	PHX	Laura Shinkle
29	Denver	1	CAHDTK04	DNV	Laura Shinkle
35	Salt Lake City	1	CAHDTK02	SLC	Laura Shinkle
64	Knox	1	AS400		Laura Shinkle

Segment	RPh/Analyst
Community Health Ctr	Bill Brady/Analyst
Correctional Facilities/DOD	Bill Brady
Group Homes	Bill Brady
Hospice	Bill Brady
Infusion	Bill Brady
LTC	Bill Brady
Mail Order	Bill Brady
Managed Care	Bill Brady
Skilled Nursing Facility	Bill Brady
Distributor/Wholesaler	Kimberly Anna-Solsson
Government/Other	Kimberly Anna-Solsson
Practitioner	Janet Ng
Surgery/Endoscopy Ctr (Non-Practitioner License)	Janet Ng
Hospital	Bill Brady
Institutional Retail	Becky Longfellow
Maintenance/Detox	Janet Ng
University/Student Health Ctr	Analyst by DC

DC	Name	Reset Date	DTK Box	Pharmacist
18	Ambulatory Care	1	CAHDTK04	Janet Ng
66	Puerto Rico	1		Liz Sanchez Marcano
79	Harvard	1		Theodore Simpson/Nicole Atiyeh/Nicole Sparks
80	SPD - Lavergne	1		Alicia Atiyeh/Nicole Sparks
90	SPD - Reno	1		Alicia Atiyeh/Nicole Sparks
94	ParMed	1		Theodore Simpson/Alicia Atiyeh/Nicole Sparks
99	NLC	1	CAHDTK04	Alicia Atiyeh/Nicole Sparks
120	SPS - Lavergne	1		Theodore Simpson/Alicia Atiyeh/Nicole Sparks
300	SPS - Reno	1		Theodore Simpson/Alicia Atiyeh/Nicole Sparks
89K	Brokerage	1		Theodore Simpson/Alicia Atiyeh/Nicole Sparks
PPK	PharmPak	1	CAHDTK03	Kimberly Anna-Solsson

Table 8: Customer Segmentation and Review Responsibilities

Zone	Authority to Set Limit			Information Needed			
	Customer Analytics	2-Person Review	LV-TAC	Sales SV	QRA SV	Objective Criteria	Subjective Criteria
A1	X	X (VP)	X	X	X	X	X
A2	X	X (VP)	X	X	X	X	X
B1	X	X (VP/Dir)		X	X	X	X
A3	X	X (VP)	X	X	X	X	X
B2	X			X		X	X
B3	X			X		X	X
C1,C2,C3	X					X	X

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Table 9: Objective Criteria

Objective Criteria	Percent Within	National Average %
Oxycodone 15, 30MG Generic	Oxycodone Dosage Qty	15%
Hydrocodone 10MG Generic	Hydrocodone Dosage Qty	39%
Alprazolam 2MG	Alprazolam Dosage Qty	11%
% Controlled Substances	All Rx Scripts in Dosage Qty	13%
% Oxy Hydro	All Rx Scripts	3.3%
% ADHD	Controlled Substances Dosage Qty	11%
% Benzos	Controlled Substances Dosage Qty	23%
% Opiates	All Rx Scripts in Dosage Qty	7%

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Table 10: National Accounts Contact List

Customer	Sales Lead	Director	Manager	Sr. Specialist
CVS	Paul Farley	Ashlee Hamski	Morgan McCullough	Jason Gawlik
KMart	Greg Ewing	Ashlee Hamski	Michael Friedheim	Sue Livingston
Fred's of Tenn / Reeves-Sain/Entrust Rx	Andy Grant	Susan Hoffman	Michael Friedheim	Nate Blankemeyer
Discount Drug Mart and Gentry Health	Andy Grant	Susan Hoffman	Michael Friedheim	Sue Livingston
Fruth Pharmacies	Chris Wendel	Susan Hoffman	Alan Pinyerd	George Speidel
Pharmacis	Chris Wendel	Susan Hoffman	Betsy Jewell	Sue Livingston
Kinney Drug Warehouse/Noble Health Specialty	Andy Grant	Susan Hoffman	Alan Pinyerd	Bob Goetzman
Rosauers	Chris Wendel	Susan Hoffman	Michael Friedheim	Bob Goetzman
Price Chopper	Andy Grant	Susan Hoffman	Michael Friedheim	Bob Goetzman
Weis Markets	Andy Grant	Susan Hoffman	N/A	N/A
Kroger	Greg Ewing	Theresa Shuster	Randy Mathias	Nate Blankemeyer
Delhaize/Ahold (includes Hannaford, Food Lion, Martin's, Stop & Shop, etc.)	Andy Grant	Theresa Shuster	Amy Saul/Enoch (EJ) Howard II	George Speidel
Lewis Drug	Chris Wendel	Theresa Shuster	Amy Saul	Bob Goetzman
Ritzman Pharmacies	Chris Wendel	Theresa Shuster	Enoch (EJ) Howard II	Sue Livingston
Balls Food	Chris Wendel	Theresa Shuster	Betsy Jewell	Sue Livingston
Drug Emporium	Chris Wendel	Theresa Shuster	Michael Friedheim	Sue Livingston
American Sales (Ahold Warehouse)	Andy Grant	Theresa Shuster	Amy Saul/ Enoch (EJ) Howard II	George Speidel
Southeastern Grocers (SEG) (includes Winn-Dixie, BI-LO, Harvey's)	Andy Grant	Theresa Shuster	Alan Pinyerd	Bob Goetzman
Genoa	Kraig Corwin	Jay Brake	Anthony Mills	Joe Rogich
HomeTown	Chris Wendel	Susan Hoffman	Enoch (EJ) Howard II	George Speidel

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Table 11: CAH Distribution Position

Accounts name	Primary Source for Schedule II	Source for other Schedule Drugs	Primary Source for all other Rx Drugs
Fred's of Tenn / Reeves-Sain/Entrust Rx	All Schedule 2 products are purchased direct from Cardinal Health.	Cardinal Health	Cardinal Health
Fruth Pharmacies	Cardinal Health	Cardinal Health	Cardinal Health
Discount Drug Mart and Gentry Health	Cardinal Health.	Cardinal Health is the back-up distributor for Schedule 3, 4 & 5 products. The chain warehouse is the primary distributor for these products. Cardinal Health distributes these products when the chain warehouse is out of stock, does not carry the product, or the store needs delivery earlier than the delivery from the chain warehouse.	Self-warehouses 1,800 generic products.
Ritzman Pharmacies	Cardinal Health	Cardinal Health	Cardinal Health
Drug Emporium	Cardinal Health	Cardinal Health	Cardinal Health
DZA	Cardinal Health	Cardinal Health	Self-warehouses non-controlled product.
Lewis Drug	Cardinal Health	Cardinal Health	Cardinal Health
Rosauers	Cardinal Health	Cardinal Health	Cardinal Health
Balls Food	Cardinal Health	Cardinal Health	Cardinal Health
Pharmacis	Cardinal Health	Cardinal Health	Cardinal Health
KMart	Cardinal Health	Cardinal Health	Cardinal Health
CVS	All Schedule 2 products are purchased direct from Cardinal Health. Cardinal Health also ships most brand products (CS and non-CS) direct to the chain warehouse. These brand products are shipped to the store from the chain warehouse.	Cardinal Health is the back-up distributor for Schedule 3, 4 & 5 products. The chain warehouse is the primary distributor for these products. Cardinal Health distributes these products when the chain warehouse is out of stock, does not carry the product, or the store needs delivery earlier than the weekly delivery from the chain warehouse.	Cardinal Health is back-up distributor for non-controlled products.
Kroger	All Schedule 2 products are purchased direct from Cardinal Health. Cardinal Health also ships most brand products (CS and non-CS) direct to the chain warehouse. These brand products are shipped to the store from the chain warehouse.	Cardinal Health is the back-up distributor for Schedule 3, 4 & 5 products. The chain warehouse is the primary distributor for these products. Cardinal Health distributes these products when the chain warehouse is out of stock, does not carry the product, or the store needs delivery earlier than the weekly delivery from the chain warehouse.	Cardinal Health is back-up distributor for non-controlled products.

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Southeastern Grocers (SEG)	All Schedule 2 products are purchased direct from Cardinal Health.	Cardinal Health is the back-up distributor for Schedule 3, 4 & 5 products. The chain warehouse is the primary distributor for these products. Cardinal Health distributes these products when the chain warehouse is out of stock, does not carry the product, or the store needs delivery earlier than the weekly delivery from the chain warehouse.	Cardinal Health is back-up distributor for non-controlled products.
Ahold	Cardinal Health	Cardinal Health	Cardinal Health
HomeTown Pharmacy	Cardinal Health	Cardinal Health	Cardinal Health

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Table 12: Chain Banner List

Chain Affiliation	Banner Name
CVS	Hook-SupeRx, L.L.C.
CVS	Longs Drug Stores California, L.L.C.
Kroger	Jay-C
Kroger	Dillon's
Kroger	Baker's
Kroger	Kroger Kwik
Kroger	Gerbes
Kroger	Fry's
Kroger	King Soopers
Kroger	City Market
Kroger	Fred Meyer
Kroger	QFC
Kroger	Ralphs
Kroger	Smith's
Kroger	Harris Teeter
Kroger	Payless
Kroger	Scott's
Kroger	Food 4 Less
Kroger	PPS (Postal Prescription Service)
Kroger	JR
Kroger	Roundy's
Kroger	Pick n Save
Delhaize (DZA)	Hannaford
Delhaize (DZA)	Food Lion
Delhaize (DZA)	Martin's Food
Southeastern Grocers (SEG)	Winn-Dixie
Southeastern Grocers (SEG)	Bi-Lo
Southeastern Grocers (SEG)	Harvey's
Balls Food	Price Chopper
Balls Food	Hen House
Ahold	Giant of Carlisle
Ahold	Giant of Landover
Ahold	Stop & Shop

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Table 13: Non-Top 13 Drug Family Threshold Change Guidance

Category	Authority to Set Limit Danner's Team	2 Person Review	
		Low Volume Season	High Volume Season
Tier 1	<=2k	Between 2k and 10k	Above 10k
Tier 2	<=5k	Between 5k and 15k	Above 15k
Tier 3	<=5k	Between 5k and 25k	Above 25k
Tier 4	<=15k	Between 15k and 25k	Above 25k
Pseudoephedrine	=<15k	Between 15k, and 25k or 45k*	Above 25k or 45k

*Low volume season (March-August): 25k

*High volume season (September-February): 45k

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Template 14: Threshold Review Request Template

Threshold Review Request Template

To ensure that the “drug family name” threshold limit is set appropriately, based on updated dispensing and business model information, please provide the following if the pharmacy believes a threshold limit review is warranted based on a change in the above-mention factors.

- Is Cardinal Health the primary supplier of “drug family x?”
- How many dosage units of “drug family x” does this pharmacy dispense per month?
 - Month 1:
 - Month 2:
 - Month 3:
- How many dosage units of “drug family x” does this pharmacy anticipate purchasing from Cardinal Health per month?
- Are there any particulars about the business model that might drive the dispensing of “drug family x?”
 - Specialties serviced?
 - As ALWAYS, DO NOT need physician names, but often the number of physicians or beds (specific to hospice & LTC) per specialty is helpful.

****Please fill in the appropriate drug family name for “drug family ‘x.’”**

Please do not forward dispensing reports for review. Additionally, please be aware that supplying additional information does not automatically result in an adjustment to threshold limit.

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Template 15: Buprenorphine Questionnaire Template

9064 Questionnaire Template

**Information relating to addiction treatment is protected under federal law.
Please do not disclose to us the names of patients or physicians relating to the
use of buprenorphine for addiction treatment.**

- For how many patients does the pharmacy fill buprenorphine prescriptions written for opioid addiction treatment purposes?
- For how many patients does this pharmacy fill Butrans® (buprenorphine patch, extended release), Belbuca® (buprenorphine buccal film), or Buprenex® (buprenorphine hydrochloride) injection, solution prescriptions written for pain management purposes?
- Do all buprenorphine prescriptions written for opioid addiction treatment purposes come from DATA-waived physicians?
 - Is the number of opioid addiction patients from each physician consistent with the physician's 30, 100 or 275 patient limit, as reflected on the physician's DEA registration?
- Is there any rationale that may have changed the buprenorphine dispensing at this pharmacy?
- Is **Cardinal Health/Kinray** the primary wholesaler for buprenorphine for this pharmacy?
- How many dosage units of buprenorphine does this pharmacy dispense per month?
- How many dosage units of single-entity 8mg buprenorphine product does this pharmacy dispense per month for opioid addiction treatment purposes?
- How many dosage units of buprenorphine does this pharmacy anticipate purchasing from **Cardinal Health/Kinray** per month?

**Information relating to addiction treatment is protected under federal law.
Please do not disclose the names of patients or physicians relating to the use of
buprenorphine for addiction treatment.**